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Medical Practice Opinion

EDITOR'S NOTE: *From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Commission on Quality Care Review of the California Medical Association. The opinions offered are based on training, experience, and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions, or policy statements.*

Pelvic Lymph Node Dissection and Radical Prostatectomy

QUESTION:

Is it accepted urologic practice to stage a pelvic lymph node dissection, with permanent section microscopic analysis, as a separate operation before doing a radical prostatectomy?

OPINION:

The Scientific Advisory Panel on Urology recognizes that there are two medically accepted procedures for performing pelvic lymph node dissection in patients having radical prostatectomy.

Because it is well documented that 10% to 20% of frozen section assays are false-negative—depending on the institution reporting the data—some urologists prefer to stage pelvic lymph node dissection as a separate operation and await the results of permanent section microscopic analysis before proceeding with radical prostatectomy. Other surgeons rely on frozen section assays at the time of dissection to allow immediate prostatectomy, if the lymph nodes are free of disease.

The choice of procedure should be at the surgeon's discretion, taking into account the variables that may exist within individual patients and institutions.

Approved: May 1988

This opinion has been prepared by the CMA Scientific Advisory Panel on Urology based on available information. It is only an advisory opinion and should not be construed as binding on any individual or as expressing an absolute standard of medical practice. Medical opinion may vary regarding the appropriateness of a particular treatment or service in a given situation. Differences in an individual case should be reviewed by physician medical advisors. Differences of opinion between a medical advisor and attending physician should be referred to the county medical society where the physician practices.